EXHIBIT 1

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

IN RE:		Videotape
NEURONTIN MARKETING, SALES PRACTICES AND PRODUCTS LIABILITY LITIGATION	:	Deposition of:
	:	MICHAEL TRIMBLE

THIS DOCUMENT RELATES TO:

Smith, et al. v Pfizer, et al.

Case No. 05-cv-11515-PBS

TRANSCRIPT of testimony as taken by and before PATRICIA A. SANDS, a Shorthand Reporter and Notary Public of the States of New York and New Jersey, at the offices of Lanier Law Firm, 126 East 56th Street, New York, New York, on Tuesday, September 2, 2008, commencing at 9:15 in the forenoon.

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ALSO PRESENT:
Adam DiCola, Videographer

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EXHIBITS

EXHIBITS, continued.

PROF. MICHAEL TRIMBLE,
Institute of Neurology
Queen Square
London WCIN3CB,
having been sworn, was examined
and testified as follows:

THE VIDEO OPERATOR: Please standby. We are on the record. My name is Adam DiCola of Veritext Services. The date today is September 2, 2008, and the time is approximately 9:15 a.m.

This deposition is being held in the office of Lanier Law Firm, located at 126 East 56th Street, New York, New York.

The caption of this case is Smith et al., versus Pfizer, et al., in the United States District Court, District of Massachusetts. Case number 05-cv-11515-PBS.

The name of the witness is Michael Trimble.

At this time the attorneys will identify themselves and the parties they represent, after which our court reporter, Patricia Sands, will swear in the witness

with the Gabapentin. And probably 24, 48 hours, two days.
BY MS. McGRODER:
Q What is the half life of Neurontin?
A Six hours. Depending on age, of course.
Q What's the half life in elderly individuals?
A The half life is much extended in elderly individuals.
Q And what's your basis for saying that?
A The half life of all drugs is extended in elderly individuals, because they have less efficient mechanisms to clear the drug from the system.
Q You are aware, Dr. Trimble, that Neurontin is not metabolized by the liver; correct?
MR. FINKELSTEIN: Objection.
THE WITNESS: No, it's the kidney that is, begins to fail as you get older.
BY MS. McGRODER:
Q So short of kidney failure --
A Well, it's not failure, it's just

that older kidneys don't get rid of the drugs so efficiently.
Q So are there data that support your opinion, other than this principle, this, I guess you would call it pharmacologic principles you're relying on, are there data that support that it takes longer for elderly to eliminate Gabapentin than other age groups?
A I'm not certain if there are specific studies on the elimination rate of Gabapentin specifically in the elderly, but I don't see why Gabapentin would be any different from a vast number of other drugs that have been looked at in elderly people.
Q And the other drugs that you're thinking of are anti-epileptics?
A Well, no, just as a general principle of pharmacology.
Q So as you sit here today, you have no data to support your opinion that Neurontin takes longer -- would have a longer half life in the elderly, because it takes longer to eliminate?
A I do not, but my belief is that the answer to your question would be found in

company documents.
Q Have you looked for those company documents?
A I haven't specifically looked for those company documents.
Q Where would you look?

A Well, it may well be that the company in the very early days when you have a new product, you look for biological variables in the human volunteer population.
Q The pharmacokinetic studies?
A Yes. And often these are not published and whatever, so but it may well be that the data is available.
Q Mr. Finkelstein didn't provide you with the pharmacokinetic studies --
A No.
Q -- related to Gabapentin?
A No. No.
Q I want to make sure I got this. I think when I asked you how many days it took to get to steady state, you said it would depend on the half life; right?
A The steady state is usually related

to the half life.
Q Okay, so if it takes 48 hours in a regular person based on the half life of Neurontin to eliminate, are you suggesting it takes longer to get to a steady state in elderly people because it is slower at eliminating?
A Yes.
Q Okay, so what is the half life, in your opinion, in elderly individuals?
A I don't have those data at my fingertips. But it's easy to look up on the net.
Q Do you think it's something longer than six hours?
A It could be longer, yeah.
Q Well, do you think it's double?
A It could well be. But again --
Q Do you think it's triple?
A It depends on the individual, and how their general metabolism is, how they're functioning.
So the elderly have other -- I don't want to go into this -- but elderly have other issues, like fat deposition which is different,

you're missing.
THE WITNESS: It's a single dose?
This is a single-dose study?
BY MS. McGRODER:
Q Yes, let's talk single dose for now.
A Okay, because that's crucial, obviously, but I don't know, uhm -- I don't know if that's even been looked at. It probably has, but with the short half life, it probably would clear within 24 hours.
Q Is it not important to your opinion in the Smith case to know how long it takes for Neurontin to clear from the system following the last dose?
A That's a different question, though. The question as to what happens when you take a single dose is very different to somebody who takes multiple doses, because the body becomes saturated with the product. And if you stop taking the drug, you will still get the product emerging from fatty tissue, for example.
So the delay, when you've been taking the drug chronically, is very different.
Q Okay, let's say you have been taking Gabapentin for two months.

A Okay.
Q And you take your last dose.
A Okay.
Q How long before there is no appreciable Gabapentin in your system?
A I would say several days, at least.
Q And on what do you base your opinion that it would be several days at least?
A On what I've just said, that the drug has to come out of the body tissue, body system. But that is a guess. As far as I know, it's not been looked at.
Q What is the point at which the drug would have no clinical effect following last ingestion?
A That is a different question again.
Q Yes, that's why I asked it.
A If you have a drug which acts on the brain and influences brain neurochemistry, you may well have an effect on the central nervous system which by far outlasts the effect of the amount of the blood, of what's in the blood.
So once you have got the blood into the brain, you're talking again about a different system to just looking at what comes out when

you stop the drug from the blood stream.
Q All right, and so my question is related to clinical effects. So maybe you tried to answer my question and I just didn't understand your answer.
But my question is: How long after your last ingestion of Gabapentin would you expect there to be any clinical effect -- let's say, let's say you're taking Gabapentin for pain reduction -- how long after your last dose of Gabapentin would you have clinical, the clinical effect of pain reduction?
MR. FINKELSTEIN: Objection.
I don't know that there's any efficacy that it's ever been established that Gabapentin has any effect --
MS. McGRODER: Objection to form is fine.
MR. FINKELSTEIN: -- on pain reduction.
THE WITNESS: I do not know the literature on the use of Gabapentin in chronic pain.
BY MS. McGRODER:
Q All right, well, let's talk about an

epileptic, then. Do you know the literature on epilepsy and Gabapentin?
A I do.
Q Okay, so let's assume that somebody's on Gabapentin for epilepsy, and they take their last dose.
A Okay.
Q They just decide I'm not taking this drug anymore.
A Yup.
Q They've taken their last dose.
How long after the last dose will the person no longer have seizure control, or have the clinical benefit of the drug?
A As far as I'm aware, if you stop Gabapentin, you do not get a rebound of seizures, withdrawal seizures.
What you do get with some other anti-epileptic drugs -- the point of that is to say that the lingering anti-epileptic effect must go on several days.
Q And is there any literature that supports your opinion that there is lingering effect that goes on for several days?
A Well, I have not read a literature

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having been previously sworn, was
examined and testified as follows:

THE VIDEO OPERATOR: Please standby. We are on the record. My name is Adam DiCola of Veritext Corporate Services. The date today is September 3, 2008, and the time is approximately 9:16 a.m. This deposition is being held in the office of Lanier Law Firm, located at 126 East 56th Street, New York, New York.

The caption of this case is Smith, et al., versus Pfizer, et al., in the United States District Court, District of Massachusetts, Case Number 05-CV-11515-PBS.

The name of the witness is Professor Michael Trimble.

At this time the attorneys will identify themselves and the parties they represent, after which our court reporter, Patricia Sands, will swear in the witness

and we can proceed.

MR. FINKELSTEIN: Andrew Finkelstein, on behalf of the Smith family.

MR. SOH: Ken Soh, on behalf of the Smith family as well.

MS. McGRODER: Lori McGroder, of Shook, Hardy & Bacon, on behalf of Pfizer.

MS. STEVENSON: Jennifer Stevenson, of Shook, Hardy & Bacon, also on behalf of Pfizer.

THE WITNESS: We did this yesterday.

CONTINUED DIRECT EXAMINATION
BY MS. McGRODER:

Q Professor Trimble, you know you're still under oath; correct?

A Correct.

Q Did you do anything last night to prepare for the continuation of your deposition this morning?

A Last night and this morning I read through my bundle of Mr. Smith's notes.

Q And those would be the medical records marked as Exhibit --

A The ones that you had yesterday.

BY MS. McGRODER:
Q Does the literature report as a definition for impulsivity that the idea for the act of suicide occurs within 5 minutes of the suicide?
A No.
Q Did you look at the literature on that?
A No, but I'm quite familiar with impulsive behaviors. We have done research in that area.
Q Did you look at the literature on impulsive suicide behaviors?
A Not especially.
Q The behaviors you're referring to are aggression?
A Aggressive behaviors, impulsive motor behaviors, obsessive compulsive behaviors. These kind of thing.
Q Is obsessive compulsive behavior impulsive?
A In certainly can be.
Q And then the other one, apart from aggression, I think you said was impulsive motor disorders?

A In this country it's called Tourette syndrome, T-O-U-R-E-T-T-E syndrome, that people have compulsive and impulsive behaviors.
Q And with Tourette syndrome, in your clinical practice is that considered part of your movement disorder practice?
A Oh, yes.
Q Okay. And so apart from impulsivity associated with those behaviors, movement disorder or obsessive compulsive or aggression, have you, in fact, studied the literature on impulsive suicide behavior?
A Not specifically on impulsive suicide behavior.
Q And you are not an expert in suicide behavior?
A I am not a suicidologist, that is correct.
Q And so you are not an expert in impulsive suicide behavior?
A By definition.
Q So you're not aware that the literature on impulsive suicide provides a definition of 5 minutes between the initiation of the thought of suicide and the actual

suicide?
A I am not.
Q Reading this suicide note, is it now clear to you why Mrs. Smith said to the medical examiner that she did not want an autopsy, because Mr. Smith did not want to be cut on any more?
A I'm just not certain of the link between her statement in the autopsy report and the suicide note. In other words, I'm not quite sure of the link between the two. I mean, he may have expressed an opinion before this suicide note about not having further operations.
Q And so do you think it's coincidence that Mrs. Smith says "Richard's final wishes were not to be 'cut' on any more"?
A Well, if she's referring to this document, then I accept that. But we have to just recall that he had expressed concern about having further surgery before, that was all.
Q And so when Mr. Smith says "I don't want to be cut on any more", is that a reference, in your opinion, to future surgeries?

A That is certainly a possibility.
Q It is it more likely than not that that's what he's referring to?
A It is likely that that is what he is referring to.
MS. McGRODER: Let's take a 3 minute break.
THE VIDEO OPERATOR: Please standby. We are going off the record, the time is 1:23 p.m.
(Recess.)
THE VIDEO OPERATOR: Please standby. We are back on the record, the time is 1:31 p.m.
BY MS. McGRODER:
Q Are you aware, Professor Trimble, that Mr. Smith laid a plastic sheet out on the bed to prevent the soiling of the bed with biohazard material before his suicide?
MR. FINKELSTEIN: Objection.
THE WITNESS: No, I'm not. I was not aware.
THE VIDEO OPERATOR: Professor, your mic.
THE WITNESS: No, I was not aware.

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he says it makes him loopy. But he, himself, refers to the fact that he is on Neurontin. And then the family depositions also consider him to have been reliable on taking medications. So I no reason to doubt the fact he was taking Neurontin.

Q Have you looked to see how many pills were in the prescription vile of Neurontin that Mr. Smith left on his dresser at the time of his suicide?

A I have not.

Q So, again, you have no idea whether he completed taking the pills that were prescribed for him? The Neurontin pills that were prescribed for him?

A My understanding is that he had more Neurontin given to him beyond those that were prescribed in a script.

Q Okay.

A That's my understanding.

Q Samples?

A Well, in a sashay, as I believe.

Q Well, we'll get there.

A Okay.

Q Right now the question is you don't

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know one way or the other whether he completed taking the pills that were in the vile that he filled at the pharmacy on March 9, 2004?

A That is correct.

Q And there could be a full vile of pills left over, and that is something you didn't consider?

A That is correct.

Q Do you know the exact number of samples that were in Mr. Smith's possession?

A I do not.

Q Is there any evidence in the record of the exact number of samples that Mr. Smith took?

A Not that I have seen.

Q Do you consider anywhere in your report Donna Smith's illness, her cancer as a factor related to Mr. Smith's suicide?

A I do not consider it a factor relating to his suicide.

Q It's not in your report?

A It is not, and I do not consider it a factor.

Q Is it your opinion in this case that Neurontin caused Mr. Smith's suicide because

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more likely than not his suicide was impulsive?

A It has not so much to do with impulsivity, it has to do with the alteration of his mental state that occurs following the ingestion of Gabapentin or Neurontin.

Q Tell me specifically what evidence you rely on, the factual evidence in the record, that Mr. Smith's suicide was impulsive?

MR. FINKELSTEIN: Objection as to form.

THE WITNESS: Well, I think I have a difficulty with the term "impulsive". I'm not certain --

BY MS. McGRODER:

Q It's in your report?

A Yes, but this was not a carefully planned, documented suicide where everything was put in context, everything was sorted out, saying good-bye to people. This happened suddenly.

Now the term "impulsive" is used in a number of ways. I am using it to say that this was not a carefully planned, or even predictable suicide event. It came out of the blue.

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Q You testified yesterday that it is most likely that at some point before March, or in March, because of his "fiscal" problems he was working part-time.

What fiscal problems were you referring to?

A Physical problems? I just didn't get the question.

Q Fiscal problem.

A I wasn't sure whether you said "fiscal" or "physical."

Q Well, the transcript --

MR. FINKELSTEIN: They think you said --

Q Of course it's a draft, says "fiscal".

A No, physical.

Q So the word you were using is "physical"?

A Physical, yes.

Q All right. Are you aware of any financial problems that the Smith family had at any time in 2004?

A No.

Q How about 2003?